

Instructions for completing the “Record of Services” form for non-specialized providers of developmental disabilities services

This form is a fillable form and will be available on the DHHS public website at dhhs.ne.gov. Select Developmental Disabilities at the top of the page. Select “Providers”; select “Non-Specialized Services” and select “Record of Services” form

LINE 3: Enter the Client’s Name and Client’s ID Number

This information is located on the Provider Authorization Update you received.

Authorized Service: CLDS In Home	
Service Code: 5665	
<u>Authorized Client:</u> SMITH, JACOB	<u>Client ID#</u> 87654321
<u>Authorized Period: 07-01-2015 through 12-31-2015</u>	

LINE 3: Enter your Provider Name from the Provider Authorization Update you received.

PROVIDER AUTHORIZATION UPDATE	
DD Adult Day Waiver	
<u>Provider Name:</u> ANDERSON, JOSHUA	<u>Provider ID:</u> 00654321

LINE 4: Enter the month you provided services. You may only include one month on each form. If services cover more than one month you will need to submit a Record of Services for each month.

If you are using the electronic fillable form you will click in the box and use the drop down arrow when provided to enter information as you complete the form.

4	Month:	July	Year:	2015	Service Codes:	1113: In Home Respite 5665: In-Home CLDS 9704 – Hab Day Care (child) 2500 – In-Ho 7395: Out of Home Respite 9539: Out-of-Home CLDS 7599 – Homemaker (child)			
5	Date	Service	Time In	Time Out	Frequency	Units	Date	Total	Description Of Service

LINE 6- 20:

- Enter the date services were provided
- Enter the appropriate service code for the Service you are claiming. You may enter multiple service codes on one Record of Services form.
- Enter the Time In – the time you started providing the service
- Enter the Time Out – the time you were finished providing services. If you provide services multiple times a day, you will enter each time period you provide services separately. Do not include the entire day on one line.
- Select the Frequency. Frequencies include, day, hour, monthly and occurrence. Many of the non-specialized services are provided by the hour.
- Calculate the total time to the closet quarter hour. For example, Time In – 2:15 Time Out 3:10 Units: 1 (hour) If you are using the electronic version units will automatically calculate based on the times entered; do not edit this column.
- Enter the rate for service you have selected. Please refer to your Provider Authorization for the authorized rate.
- Calculate the total by multiplying the Units times the Rate. The Total will be automatically figured if you use the electronic version; do not edit this column.
- Description of Service: Include a description of the services provided. If you need additional room to describe the services, you may use an additional sheet

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
4	Month:	July	Year:	2015	Service Codes:						1113: In Home Respite	5665: In-Home CLDS	9704 – Hab Day Care (child)	2500 – In-Home Hab Day C					
5	Date	Service	Time In	Time Out	Frequency	Units	Rate	Total	Description Of Service										
6	7/1/2015	9539	3:00 PM	4:15 PM	Hour	1.25	\$ 11.00	\$ 13.75	Shopping for supper meal and banking										
7	7/1/2015	5665	4:15 PM	6:00 PM	Hour	1.75	\$ 11.00	\$ 19.25	Meal preparation, storage of left overs, clean-up and balance checkbooki										

Signature of the Individual Providing Services: Sign the document verifying that you provided the services recorded

Provider Number: Enter your provider number located on the Provider Authorization Update you received.

Date the form (if you are electronically completing the form it will automatically populate the date.)

Client/Guardian Signature: Obtain the signature of the person legally responsible and enter the date.

When the Record of Services is completed, you may mail the form to the Service Coordinator (SC) or deliver it to the SC Office. If you prefer to email the Record of Services, please contact the Service Coordinator to assist in setting up a secure email process for you.

If you have any questions, please contact the Service Coordinator listed at the top of the Provider Authorization Update or call 877-667-6266.